

**United States District Court**  
 NORTHERN DISTRICT OF THE WESTERN DIVISION

ARMANDO MANRIQUE

Plaintiff

FILED

V.

MAR 24 2008

NEDRA CHANDLER

Defendant

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**

CASE NUMBER: 08 C 50048

I, Armando Manrique, declare that I am the (check appropriate box)

petitioner/plaintiff/movant  other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No" go to Part 2)

If "Yes" state the place of your incarceration Dixon Correctional Center

Are you employed at the institution? yes Do you receive any payment from the institution? yes

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past **six** months' transactions.

2. Are you currently employed?  Yes  No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer. \$28.23 per month.

b. if the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

N/A

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts?  Yes  No  
 If "Yes" state the total amount. N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?  Yes  No  
 If "Yes" describe the property and state its value.  
N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

I declare under penalty of perjury that the above information is true and correct.

02-09-08

DATE

Yvonne

SIGNATURE OF APPLICANT

**NOTICE TO PRISONER:** A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

### CERTIFICATE

(Incarcerated applicants only)  
 (To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 111.26 on account to his/her credit at (name of institution) Dixon Correctional Center. I further certify that the applicant has the following securities to his/her credit: unknown  
 I further certify that during the past six months the applicant's average balance was \$ see attached

2/11/08  
 DATE

Yvonne Chandler (sg)

SIGNATURE OF AUTHORIZED OFFICER

Time: 10:52am

d\_list\_inmate\_trans\_statement\_composite

## Dixon Correctional Center

## Trust Fund

## Inmate Transaction Statement

REPORT CRITERIA - Date: 08/11/2007 thru End; Inmate: B79414; Active Status Only ? : No; Print Restrictions ? : Yes;  
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance Errors Only ? : No

Inmate: B79414 Manrique, Armando

Housing Unit: DIX-NE-28-72

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
					Beginning Balance:		170.46
08/16/07	Payroll	20 Payroll Adjustment	228115		P/R month of 07/2007	10.00	180.46
08/22/07	Disbursements	80 Postage	234315	Chk #75604	808002547, DOC: 523 Fund Inmat, Inv. Date: 07/25/2007	-.90	179.56
08/23/07	Point of Sale	60 Commissary	235747	543978	Commissary	-15.83	163.73
09/10/07	Point of Sale	60 Commissary	253726	545525	Commissary	-9.38	154.35
09/14/07	Payroll	20 Payroll Adjustment	257115		P/R month of 08/2007	10.00	164.35
09/18/07	Disbursements	80 Postage	261315	Chk #76073	80807154, DOC: 523 Fund Inmate, Inv. Date: 09/04/2007	-.41	163.94
09/18/07	Disbursements	80 Postage	261315	Chk #76073	80808703, DOC: 523 Fund Inmate, Inv. Date: 09/18/2007	-1.31	162.63
10/04/07	Point of Sale	60 Commissary	277732	548797	Commissary	-21.94	140.69
10/17/07	Payroll	20 Payroll Adjustment	290115		P/R month of 09/2007	13.31	154.00
10/26/07	Point of Sale	60 Commissary	299726	550726	Commissary	-14.42	139.58
11/08/07	Point of Sale	60 Commissary	312727	552270	Commissary	-8.45	131.13
11/13/07	Payroll	20 Payroll Adjustment	317115		P/R month of 10/2007	28.80	159.93
11/16/07	Disbursements	80 Postage	320315	Chk #77013	80812001, DOC: 523 Fund Inmate, Inv. Date: 10/19/2007	-.90	159.03
11/21/07	Point of Sale	60 Commissary	325724	554145	Commissary	-21.28	137.75
12/07/07	Point of Sale	60 Commissary	341724	555783	Commissary	-17.21	120.54
12/07/07	Point of Sale	60 Commissary	341724	555784	Commissary	-.17	120.37
12/14/07	Payroll	20 Payroll Adjustment	348115		P/R month of 11/2007	28.80	149.17
12/14/07	Disbursements	90 Medical Co-Pay	348315	Chk #77525	90816763, DOC: 523 Fund Inmate, Inv. Date: 12/04/2007	-2.00	147.17
12/14/07	Disbursements	80 Postage	348315	Chk #77525	80816990, DOC: 523 Fund Inmate, Inv. Date: 12/06/2007	-1.65	145.52
01/11/08	Point of Sale	60 Commissary	011747	559155	Commissary	-15.73	129.79
01/16/08	Payroll	20 Payroll Adjustment	016115		P/R month of 12/2007	28.80	158.59
01/17/08	Disbursements	80 Postage	017315	Chk #78024	80820532, DOC: 523 Fund Inmate, Inv. Date: 12/31/2007	-1.80	156.79
01/18/08	Point of Sale	60 Commissary	018726	559387	Commissary	-11.88	144.91
01/24/08	Disbursements	88 Contribution	024315	Chk #78202	88823113, Kingdom Hall Of Dixo, Inv. Date: 01/24/2008	-12.00	132.91
02/04/08	Point of Sale	60 Commissary	035727	561378	Commissary	-21.65	111.26

Total Inmate Funds:	111.26
Less Funds Held For Orders:	.00
Less Funds Restricted:	.00
Funds Available:	111.26
Total Furloughs:	.00
Total Voluntary Restitutions:	.00